

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024243

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3299

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS City</b>		c. CITY OR TOWN <b>KANSAS City</b>	
Length of stay in 1b <b>LIFE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BAPTIST MEMORIAL Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1008 E. 108<sup>th</sup> TERRACE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARTHA ELIZABETH CUMMINS</b>		4. DATE OF DEATH Month Day Year <b>JUNE 9 1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-11-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOMEMAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	9. AGE (last birthday) <b>89</b>
11a. FATHER'S NAME <b>THOMAS J. FORD</b>		11b. MOTHER'S MAIDEN NAME <b>CUMILAH BRADLEY</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		14. NAME OF HUSBAND OR WIFE <b>EVERETT CUMMINS</b>	
15. SOCIAL SECURITY NO. <b>NO</b>		16. INFORMANT <b>MRS. LEE TAYLOR 1008 E. 108<sup>th</sup> TERRACE</b>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			
DUE TO (c) <b>Arteriosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1961</b> to <b>June 1963</b> and last saw her alive on <b>6-5-63</b>		Death occurred at <b>9:20 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>James D. Dunleavy MD</b>		22b. ADDRESS <b>314 W. 24th St. - KC 9 MO</b>	
22c. DATE SIGNED <b>6-10-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>JUNE 11, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BLUE SPRINGS CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>BLUE SPRINGS MISSOURI</b>		24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</b>	
25. DATE RECD. BY LOCAL REG. <b>6-11-63</b>		26. REGISTRAR'S SIGNATURE <b>Ruth N. Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

James D. Dunleavy, M.D.

Dr. James D. Dunleavy  
3100 Street

EXE  
- 8 - 0 -

0-02

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Orling M. Dunphy*

Licensed Embalmer No. 3566

P. O. Address

*Kansas City Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.